



MISSOURI DEPARTMENT OF REVENUE
TAXATION BUREAU
PO BOX 3300, JEFFERSON CITY, MO 65105
REGISTRATION CHANGE REQUEST

FORM
126
(REV. 06-2008)

DLN (DOR USE ONLY)

PLEASE USE THIS FORM TO MAKE CHANGES TO YOUR SALES/USE TAX, EMPLOYER WITHHOLDING TAX, CORPORATE INCOME / FRANCHISE TAX, OR EXEMPTION REGISTRATION RECORDS. NOTE: PLEASE TYPE OR PRINT.

SALES/USE EMPLOYER WITHHOLDING TAX EXEMPTION NUMBER OR CORPORATE INCOME / FRANCHISE TAX NUMBER _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER _____

BUSINESS OWNER/ORGANIZATION NAME CURRENTLY ON FILE (ENTER CORPORATION NAME IF APPLICABLE)

PHONE NUMBER

(____) _____ - _____

BUSINESS OWNER/ORGANIZATION ADDRESS CURRENTLY ON FILE

CITY

STATE

ZIP CODE

COUNTY

PLEASE MAKE THE FOLLOWING CHANGE(S) IN MY REGISTRATION RECORDS: (COMPLETE ALL APPROPRIATE ITEMS)

1. CHANGE OWNER NAME TO: (IF NAME CHANGE IS DUE TO A CHANGE IN OWNERSHIP A MISSOURI TAX REGISTRATION APPLICATION MUST BE COMPLETED.)
NOT APPLICABLE ON EXEMPTIONS.

REASON FOR NAME CHANGE (PLEASE CHECK ONE) ☐ NEW OWNERSHIP ☐ NAME CHANGE ONLY

2. CHANGE OWNER ADDRESS TO:

CITY

STATE

ZIP CODE

COUNTY

3. CHANGE BUSINESS NAME (DOING BUSINESS AS) TO:

4. ☐ ADD ☐ DELETE RETAIL LIQUOR SALES ON THIS BUSINESS

5. CHANGE OF RESPONSIBLE PERSONS, PARTNERS, OFFICERS, OR MEMBERS: (ALL INFORMATION IS REQUIRED. ATTACH A SUPPLEMENTAL LIST IF NECESSARY.)

(If adding or deleting a partner from a partnership account, all partners must sign this form including the partner being deleted/added. If deleting partners and only one partner remains, you must apply for a new tax number. Close your partnership account and complete Form 2643 to apply for a new sole owner account.)

<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	NAME (LAST, FIRST, MIDDLE INITIAL)		TITLE		
	HOME ADDRESS		CITY	STATE	ZIP CODE
	BIRTHDATE ____/____/____	SOCIAL SECURITY NUMBER OR FEIN ____-____-____	COUNTY	EFFECTIVE DATE OF TITLE CHANGE ____/____/____	
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	NAME (LAST, FIRST, MIDDLE INITIAL)		TITLE		
	HOME ADDRESS		CITY	STATE	ZIP CODE
	BIRTHDATE ____/____/____	SOCIAL SECURITY NUMBER OR FEIN ____-____-____	COUNTY	EFFECTIVE DATE OF TITLE CHANGE ____/____/____	
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	NAME (LAST, FIRST, MIDDLE INITIAL)		TITLE		
	HOME ADDRESS		CITY	STATE	ZIP CODE
	BIRTHDATE ____/____/____	SOCIAL SECURITY NUMBER OR FEIN ____-____-____	COUNTY	EFFECTIVE DATE OF TITLE CHANGE ____/____/____	
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	NAME (LAST, FIRST, MIDDLE INITIAL)		TITLE		
	HOME ADDRESS		CITY	STATE	ZIP CODE
	BIRTHDATE ____/____/____	SOCIAL SECURITY NUMBER OR FEIN ____-____-____	COUNTY	EFFECTIVE DATE OF TITLE CHANGE ____/____/____	
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	NAME (LAST, FIRST, MIDDLE INITIAL)		TITLE		
	HOME ADDRESS		CITY	STATE	ZIP CODE
	BIRTHDATE ____/____/____	SOCIAL SECURITY NUMBER OR FEIN ____-____-____	COUNTY	EFFECTIVE DATE OF TITLE CHANGE ____/____/____	

ALL INFORMATION IS REQUIRED. ATTACH A SUPPLEMENTAL LIST IF NECESSARY.

6. CHANGE SALES/USE TAX FILING FREQUENCY TO:

☐ MONTHLY (SALES TAX \$500 OR MORE PER MONTH) ☐ QUARTERLY (SALES TAX LESS THAN \$500 PER MONTH) ☐ ANNUALLY (SALES TAX LESS THAN \$45 PER QUARTER)

7. CHANGE EMPLOYER WITHHOLDING TAX FILING FREQUENCY TO:

☐ MONTHLY (WITHHOLDING TAX \$500 OR MORE PER MONTH) ☐ ANNUALLY (WITHHOLDING TAX LESS THAN \$45 PER QUARTER)
☐ QUARTERLY (WITHHOLDING TAX LESS THAN \$500 PER MONTH) ☐ QUARTER/MONTHLY (WITHHOLDING TAX OVER \$9,000 PER MONTH)
(Required to pay electronically)

8. CHANGE THE CORPORATION TAXABLE YEAR END TO:

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9. CHANGE MAILING ADDRESS FOR:

☐ EXEMPTION ☐ SALES/USE TAX ☐ CORPORATE INCOME / FRANCHISE TAX
☐ EMPLOYER WITHHOLDING TAX ☐ ALL TAX TYPES

IN CARE OF (NOT REQUIRED)

STREET, ROUTE OR PO BOX

CITY

STATE

ZIP CODE

COUNTY

CHANGE MAILING ADDRESS FOR:

☐ EXEMPTION ☐ SALES/USE TAX ☐ CORPORATE INCOME / FRANCHISE TAX
☐ EMPLOYER WITHHOLDING TAX ☐ ALL TAX TYPES

IN CARE OF (NOT REQUIRED)

STREET, ROUTE OR PO BOX

CITY

STATE

ZIP CODE

COUNTY

10. OPEN THE FOLLOWING NEW**PHYSICAL BUSINESS LOCATION FOR:**

☐ SALES/USE TAX ☐ CONSUMER'S USE TAX ☐ VENDOR'S USE TAX

BUSINESS NAME

STREET OR HIGHWAY ADDRESS (DO NOT USE PO BOX, RURAL ROUTE, HCR, ETC.)

CITY (ENTER "UNINCORPORATED" IF NOT WITHIN A CITY'S LIMITS)

STATE

ZIP

COUNTY

TAXABLE
SALES BEGIN
DATE

M M D D Y Y Y Y

DO YOU LEASE/RENT MOTOR VEHICLES FROM THIS LOCATION, THAT WERE PURCHASED SALES TAX EXEMPT, TO MISSOURI CUSTOMERS?

☐ YES ☐ NO

DO YOU SELL POST-SECONDARY EDUCATIONAL TEXTBOOKS?

☐ YES ☐ NO

DO YOU SELL FOOD ITEMS FROM THIS LOCATION THAT ARE EXEMPT FROM STATE SALES TAX?

☐ YES ☐ NO

DO YOU SELL DOMESTIC UTILITIES AT THIS LOCATION?

☐ YES ☐ NO

DO YOU SELL CIGARETTES OR OTHER TOBACCO PRODUCTS FROM THIS LOCATION?

☐ YES ☐ NO

DO YOU MAKE RETAIL SALES OF AVIATION JET FUEL TO MISSOURI CUSTOMERS FROM A MISSOURI LOCATION?

☐ YES ☐ NO

If yes, your account will be registered for retail sales tax of jet fuel. Please provide a list of all applicable locations.

DO YOU MAKE RETAIL SALES OF AVIATION JET FUEL TO MISSOURI CUSTOMERS SHIPPED FROM A STATE OTHER THAN MISSOURI?

☐ YES ☐ NO

If yes, your account will be registered for vendor's use tax of jet fuel. Please provide a list of applicable locations.

DO YOU USE, STORE OR CONSUME AVIATION JET FUEL THAT IS PURCHASED AND SHIPPED INTO MISSOURI FROM OUT OF STATE?

☐ YES ☐ NO

If yes, your account will be registered for consumer's use tax of jet fuel. Please provide a list of applicable locations.

DO YOU MAKE RETAIL SALES OF NEW TIRES?

☐ YES ☐ NO

DO YOU MAKE RETAIL SALES OF LEAD-ACID BATTERIES?

☐ YES ☐ NO

DO YOU MAKE RETAIL SALES OF QUALIFYING SALES TAX HOLIDAY BACK-TO-SCHOOL PURCHASES?

☐ YES ☐ NO

DO YOU PROVIDE TELECOMMUNICATIONS SERVICE SUBJECT TO MISSOURI RETAIL SALES TAX?

☐ YES ☐ NO

DO YOU MAKE RETAIL SALES OF QUALIFYING UTILITIES OR ITEMS USED OR CONSUMED IN MANUFACTURING OR MINING, RESEARCH AND DEVELOPMENT OR PROCESSING RECOVERED MATERIALS?

☐ YES ☐ NO**11. CLOSE THE FOLLOWING BUSINESS LOCATION FOR:**

☐ SALES TAX ☐ CONSUMER'S USE TAX ☐ VENDOR'S USE TAX ☐ EMPLOYER WITHHOLDING TAX

BUSINESS NAME

STREET OR HIGHWAY ADDRESS (DO NOT USE PO BOX, RURAL ROUTE, HCR, ETC.)

CITY (ENTER "UNINCORPORATED" IF NOT WITHIN A CITY'S LIMITS)

STATE

ZIP

COUNTY

DATE OF
CLOSING

M M D D Y Y Y Y

COMMENTS

THIS FORM MUST BE SIGNED BY THE OWNERS. IF THE BUSINESS IS A SOLE OWNERSHIP; PARTNER, IF THE BUSINESS IS A PARTNERSHIP; REPORTED OFFICER, IF THE BUSINESS IS A CORPORATION, OR BY A MEMBER IF THE BUSINESS IS A L.L.C.

SIGNATURE

TITLE

DATE

____/____/____

RETURN THIS FORM TO: TAXATION BUREAU, PO BOX 3300, JEFFERSON CITY, MO 65105-3300. IF YOU HAVE QUESTIONS, CALL (573) 751-5860. TDD (800) 735-2966
 businesstaxregister@dor.mo.gov FAX: 573-522-1722